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| Allied Health Clinical Supervision Agreement Template |
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| **Date of agreement:** |  |
| **Formal agreement review date:** |  |

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| **Supervisee Details** | **Clinical Supervisor Details** |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Signature: |  | Signature: |  |

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| 1. **GOALS FOR CLINICAL SUPERVISION**
 |
| List supervisee learning goals using SMART format |

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| 1. **SUPERVISION PROCESS**
 |
| **The clinician will prepare for each meeting by:**  |
|  |
| **The clinical supervisor will prepare for each meeting by:**  |
|  |

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| **Should a meeting need to be rescheduled we agree to:** |
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| 1. **PRACTICALITIES FOR SUPERVISION**
 |
| Frequency of sessions |  |
| Duration of sessions |  |
| Availability of supervisor between sessions  |  |
| Planned day / time of sessions  |  |
| Location (face-to-face) or platform (virtual)  |  |
| Procedure for cancelling and rescheduling sessions |  |
| **Documentation** |
| Responsible person for documenting sessions |  |
| Storage location for documentation |  |
| Who has access to this information? |  |
| **Confidentiality** |
| Agreement that the discussion between the parties will remain confidential unless permission is given to disclose information or there are identified risks to patient/staff safety | [ ]  |

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| 1. **INFORMAL REVIEW OF CLINICAL SUPERVISION AGREEMENT AND ASSOCIATED UPDATES**
 |
| **Date of review** | **Notes** e.g. updated learning goals, changed frequency of sessions, evaluation of agreement |
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using the National Relay Service 13 36 77 if required, or alliedhealthworkforce@health.vic.gov.au

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